

EMERGENCY SPECIAL SERVICE TYPE C APPLICATION



PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE
HOME PHONE NUMBER	WORK OR MOBILE PHONE NUMBER		GENDER
HOME EMAIL ADDRESS			
BIRTHDATE (MM-DD-YYYY)			FORMER LAST NAME(S)
			HIGHEST EDUCATIONAL DEGREE

It is the responsibility of the applicant to maintain current information, including name and mailing address, on file with the Teacher Certification Office. All name changes must be supported with a photocopy of the legal document verifying the change. **Your contact information can be updated online at <https://education.alaska.gov/TeacherCertification/ContactChange/>.**

BACKGROUND INFORMATION

Answer the following questions carefully and completely. If you answer "yes" to any of the questions 1-6, provide a detailed statement in the box below or on a separate sheet of paper. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification.**

- YES NO 1. Have you been convicted for a violation of criminal law, except for minor traffic violations? Please include convictions for Driving While Intoxicated (DWI) and Driving Under the Influence (DUI).
- YES NO 2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include any state, province, territory, and/or country.
- YES NO 3. Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
- YES NO 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions, revocations, voluntarily surrenders, or avoidance)
- YES NO 5. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
- YES NO 6. Have you ever been denied certification? This would include any state, province, territory, and/or country.

If you answered "yes" to any of the questions above (1-6), provide a detailed statement here. If you need additional space, provide the detailed statement on a separate sheet of paper and sign it.

- YES NO 7. Are you currently under contract or have been offered a contract with a public school district in Alaska? If yes, please complete the following.

Alaska public school district: _____, beginning contract date: _____


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TYPE C APPLICATION**

LIMITATIONS

AN EMERGENCY TYPE C CERTIFICATE IS VALID ONLY IN THE SCHOOL DISTRICT TO WHICH IT IS GRANTED. IN NO CASE WILL AN EMERGENCY CERTIFICATE BE VALID BEYOND THE END OF THE SCHOOL YEAR IN WHICH IT IS GRANTED.

ONCE AN APPLICANT HAS HELD AN EMERGENCY CERTIFICATE, THEY ARE NO LONGER ELIGIBLE FOR A TEMPORARY CERTIFICATE.

THE HOLDER OF AN EMERGENCY CERTIFICATE MUST MAINTAIN A CURRENT, VALID MAILING ADDRESS WITH THE DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT.

CHECKLIST

YOU MUST INCLUDE ALL OF THE FOLLOWING ITEMS IN A SINGLE APPLICATION PACKET. IF ANY ITEM IS MISSING, THE ENTIRE APPLICATION PACKET WILL BE RETURNED, UNPROCESSED. PLEASE CONFIRM WITH EACH CHECKBOX, THAT EACH ITEM IS INCLUDED.

- COMPLETE EMERGENCY APPLICATION**
Make sure all sections of the application are complete. If any section is incomplete, all documents will be returned. The application must be mailed to the Teacher Certification Office at the address below. Photocopies/faxes will not be accepted.

 - DISTRICT REQUEST FORM**
The superintendent or chief school administrator must complete the District Request Form. The completed, ORIGINAL District Request form must be included with this application. Photocopies/faxes will not be accepted.

 - SIGNATURE AND NOTARIZATION**
The 'NOTARIZATION' section of the application must be completed by all applicants. A Notary Public or a Postmaster must witness and verify your signature with a signature and stamp/seal.

 - APPLICATION FEES**
The application fee for an Emergency certificate is \$200. The fingerprint processing fee is \$60. Fees are non-refundable. Submit a total fee of \$260. Please refer to the 'FEE SCHEDULE' section of the application. PERSONAL CHECKS WILL NOT BE ACCEPTED.

 - FINGERPRINT CARD**
1 FBI Applicant fingerprint card (Form FD-258) is required for ALL Emergency applications. If you cannot obtain the fingerprint card locally, email Teacher Certification to request a card be sent to you.

 - OFFICIAL TRANSCRIPTS**
Official transcripts of all academic work listed in the 'RECORD OF TRAINING' section must be included with the application. Unofficial, photocopied, or faxed transcripts will not be accepted.
OFFICIAL TRANSCRIPTS MAY BE OPENED, BUT NOT MARKED ON IN ANY WAY.
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NOTARIZATION

STATE OF _____ DATE _____
(MONTH/DAY/YEAR)

_____ APPEARED BEFORE ME WHOSE
(NAME OF APPLICANT)

IDENTIFICATION I HAVE VERIFIED ON THE BASIS OF _____
(TYPE OF PHOTO ID)

TO BE THE SIGNER OF THIS APPLICATION AND HE/SHE
ACKNOWLEDGED THAT HE/SHE SIGNED IT.

(SIGNATURE OF NOTARY)

MY COMMISSION EXPIRES: _____

**IF A NOTARY IS NOT AVAILABLE, A POSTMASTER MAY
WITNESS, DATE STAMP AND SIGN THIS AFFIDAVIT.**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE
STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I
ACKNOWLEDGE THAT I HAVE READ AND WILL ADHERE TO
THE **STATE OF ALASKA CODE OF ETHICS OF THE
EDUCATION PROFESSION**. THIS BECOMES PART OF MY
OFFICIAL RECORD.

SIGNATURE OF APPLICANT

DATE
(MONTH/DAY/YEAR)

Department of Education & Early Development, Teacher Education and Certification
801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500
Phone: (907) 465-2831 Fax: (907) 465-2441 tcwebmail@alaska.gov



DISTRICT REQUEST FORM

DISTRICT INFORMATION

NAME OF DISTRICT NAME OF SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR

DISTRICT OFFICE ADDRESS CITY STATE ZIP CODE

DISTRICT PHONE NUMBER DISTRICT FAX NUMBER

SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR EMAIL ADDRESS

APPLICANT INFORMATION

THE SCHOOL DISTRICT REQUESTS AN EMERGENCY CERTIFICATE FOR THE PERSON NAMED BELOW.

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

THIS PERSON IS CURRENTLY EMPLOYED IN A CERTIFIED POSITION IN THE SCHOOL DISTRICT LISTED ABOVE

NO
 YES BEGINNING DATE OF CONTRACT WAS: _____

THIS PERSON DOES NOT QUALIFY FOR A TYPE C CERTIFICATE FOR THE FOLLOWING REASON(S):

PLACEMENT

INDICATE THE APPLICANT'S PLACEMENT WITHIN THE DISTRICT. PLEASE REFER TO THE ATTACHED LIST OF ENDORSEMENTS.

 CONTENT AREA GRADE LEVEL(S)

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SIGNATURE

 SIGNATURE OF SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR PRINTED NAME DATE

EMERGENCY TYPE C ENDORSEMENTS



SPECIAL SERVICES ENDORSEMENTS

SCHOOL COUNSELOR
GUIDANCE AND COUNSELING

SCHOOL LIBRARIAN
LIBRARY SCIENCE
MEDIA SPECIALIST

SCHOOL NURSE
NURSING

SCHOOL PSYCHOLOGIST
SCHOOL PSYCHOMETRIST
EDUCATIONAL DIAGNOSTICIAN

SCHOOL SOCIAL WORK

SPEECH/LANGUAGE PATHOLOGY
SPEECH PATHOLOGY
AUDIOLOGY
SPEECH AND HEARING
SPEECH THERAPY

OCCUPATIONAL THERAPY
PHYSICAL THERAPY
ORIENTATION AND MOBILITY

GRADE LEVELS

BIRTH – GRADE 3
PRE K – GRADE 3
PRE K – GRADE 12

GRADES K-3
GRADES K-5
GRADES K-8
GRADES K-12

GRADES 5-8
GRADES 5-12

GRADES 7-10
GRADES 7-12

GRADES 9-12

Important Note: Other grade level combinations are available. Grade levels reflect the range of grades that your preparation program is approved to prepare you to teach.